

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035189

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

155

Primary Registration District No. 3127

Registrar's No. 169

FILED SEP 28 1962

VS 300  
Rev. 4/591 0495  
2 04902

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4 0

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		c. CITY OR TOWN Cartersville	
Length of stay in 1b 1 Day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. STREET ADDRESS (If outside, give location) 305 E. Hall St.	
3. NAME OF DECEASED (Type or print) Jackie Lee Lasiter		4. DATE OF DEATH Month September Day 20, Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/5/1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman		11. BIRTHPLACE (City and state or country) Purcell, Mo.	
10b. KIND OF BUSINESS OR INDUSTRY Hal's Fix It Shop		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Arlo Lasiter		13b. MOTHER'S MAIDEN NAME Hazel Rose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT Arlo Lasiter, Cartersville, Mo.	
16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accute Circulatory Failure 30 Mins. Due to (b) Ventricular Fibrillation. Due to (c) Massive Gastric Hemorrhage 24 hrs.		INTERVAL BETWEEN ONSET AND DEATH 30 Mins. 3 Hrs. 24 Hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from September 19 to September 20 and last saw her alive on Sept. 20 Death occurred at 9:25 September 20th 1962 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. B. Kerr D.O.		22b. ADDRESS 712 Filmore Joplin Mo	
22c. DATE SIGNED 9-22-62		23a. NAME OF CEMETERY OR CREMATORY Friends Cemetery	
23b. DATE 9/22/1962		23c. LOCATION (City, town, or county) (State) Purcell, Missouri	
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		23e. FUNERAL DIRECTOR Hedge-Lewis Funeral Home	
23f. ADDRESS Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 9-22-62	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

JAN 29 1963

SEP 28 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Roy Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.